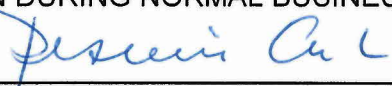



NOTIFICATION OF DEMOLITION AND RENOVATION (Amendment 1)

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER: NYC Health & Hospitals				
Address: 55 water street				
City: New York		State: NY		Zip: 10004
Contact: Luis Enchantegui			Tel: 718-579-5799	
REMOVAL CONTRACTOR: Empire Control Abatement, Inc.				
Address: 15-18 130 th Street				
City: College Point		State: NY		Zip: 11356
Contact: Desiree Castro			Tel: 718 961 9404	
OTHER OPERATOR: NOT APPLICABLE				
Address:				
City:		State:		Zip:
Contact:			Tel:	
II. TYPE OF NOTIFICATION (O = Original/R = Revised): R				
III. TYPE OF OPERATION (D = Demolition/R = Renovation):				
IV. IS ASBESTOS PRESENT? (Yes/No) YES				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Building Name Lincoln Hospital				
Address: 234 East 149 th Street				
Address:				
City: Bronx		State: NY		County: Bronx
Site Location: 3 rd Floor Mechanical Room Plenum & Basement Linac Area				
Building Size:	Sq. Meter:	Sq.Ft.:	# of Floors:	Age:
Present Use: Public Hospital			Prior Use: Public Hospital	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: POLARIZED LIGHT MICROSCOPY.				
VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.				
	RACM To Be Removed	Non-friable Asbestos Material Not To Be Removed Category I Category II		
Pipes – Linear Feet				
Linear Feet –				
Surface Area – Square Feet –	3350			
Surface Area – Square Feet – Plaster				
Volume RACM Off Facility Component – Cubic Feet				
Volume RACM Off Facility Component – Cubic Feet				
VIII. NEW SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY) New Start: 3/23/16 Completion: 3/1/17				
IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY) Start: n/a Completion:				

NOTIFICATION OF DEMOLITION AND RENOVATION (Amendment 1)

XI.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, & METHOD(S) TO BE USED: Removal of Roof Material and Floor Tiles in 3 rd Floor Mechanical Room Plenum & Basement Linac Area		
XII.	DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Interior Foam & Exterior Foam Procedures		
XIII.	WASTE TRANSPORTER #1		
	Name: Tri State Transfer		
	Address: 1199 Randall Avenue		
	City: Bronx	State: NY	Zip: 10474
	Contact Person: Jimmy	Telephone: 718 617 0771	
	WASTE TRANSPORTER #2		
	Name: Empire Control Abatement, Inc.		
	Address: 15-18 130 th Street		
	City: College Point	State: NY	Zip: 11356
	Contact Person: George Donadic	Telephone: 718 961 9404	
XIII.	WASTE DISPOSAL SITE		
	Name: Minerva Enterprises Inc.		
	Address: 9000 Minerva RD. SE		
	City: Waynesburg	State: OH	Zip: 44688
	Telephone: n/a		
XIV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
	Name: n/a	Title: n/a	
	Authority: n/a		
	Date of Order (DD/MM/YY): n/a	Date Ordered to Begin (DD/MM/YY): n/a	
XV.	FOR EMERGENCY RENOVATIONS:		
	Date and Hour of Emergency (DD/MM/YY): n/a		
	Description of the Sudden, Unexpected Event: n/a		
	Explanation Of How The Event Caused Unsafe Conditions Of Serious Disruption Of Industrial Operations: N/a		
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Any unexpected asbestos found will be properly handled & supervised		
XVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.		
	(Signature of Owner/Operator)		(Date) 3/18/16
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
	(Signature of Owner/Operator)		(Date) 3/18/16